

PERIOD		DATE		TREATMENT FACILITY			
FROM	TO						
RATED BY		PRIVILEGES PERFORMED BY					
TITLE							
PRIVILEGES			RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.			ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
Category (Check Performance Level) (Continued)							
	Category III						
Additional Privileges Performed (Specify)							
	Category IV						
Additional Privileges Performed (Specify)							

COMMENTS (Borderline and unacceptable ratings will be addressed.)

RATER'S SIGNATURE	DATE
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